

Quick Notes

Issue No. 12

November 21, 2005

IP Inpatient Discharges

ED Emergency Department

AS Ambulatory Surgery

Snapshot of Statewide ED and AS Data Quality

Note: The statistics for each data element can be found in an expanded article at this link: www.oshpd.ca.gov/mircal/resource for all three outpatient settings: Hospital ED, Hospital AS, and Freestanding ASCs.

Many of you are wondering how the ED and AS data looked in the first quarter of 2005. In this issue we will give an overview of what was reported.

First, we congratulate all facilities for being so compliant with reporting the ED and AS data. The data quality needs improvement in some areas, but it is off to a very good start!

The volume of patient records showed approximately 2.1 million ED records, and 691,254 AS records. OSHPD will be monitoring the quarterly data to see if this trend continues.

Number of Patient Records

Hospital ED	2,137,740
Hospital AS	437,712
Freestanding ASCs	253,712

Race: In the first quarter of 2005, significantly more 'White' patients were seen in all three encounter types. OSHPD received modification requests from several facilities indicating that they will be fixing or improving their systems and expect to be in compliance by 2006. This may account for the high number of reported Unknown Race.

Ethnicity: A person of Hispanic or Latino origin may be of any race. In the first quarter of 2005, significantly more Non-Hispanics or Non-Latinos were seen in all three encounter types. Again, OSHPD received modification requests from several facilities indicating that they will be fixing or improving their systems and expect to be in compliance by 2006. This may account for the high number of reported Unknown Ethnicity.

E Codes: Concerns have been expressed as to whether facilities are reporting E codes for the external causes of injury, poisoning, and adverse effects of drugs. In the first quarter of 2005, ED and AS facilities are reporting E codes.

Principal E Codes: The E849 codes for Place of Occurrence should not be the Principal E code. Results show a high incidence of E849 codes in the Principal E Code position. The Principal E code should show 'how' the causal event occurred. Sometimes it takes one or more E codes to completely describe the event. If the principal E code does not include the information on where the event occurred, then another E code should show 'where' the event occur. Please educate your staff on this issue as necessary.

Other E Codes: In the first quarter of 2005, freestanding ASCs are treating more injuries from industrial settings than any other location; hospital AS are treating more injuries from home than any other location; and hospital EDs are treating more injuries from unspecified places than specified locations.

Snapshot of Statewide ED and AS Data Quality (Continued)

The regulations for other E codes added this statement, "If the principal E code does not include a description of the place of occurrence of the most severe injury or poisoning, an E code shall be reported to designate the place of occurrence, if available in the record." In the other E code field, be sure to report where the event occurred using the Place of Occurrence E849 series.

If the place of occurrence is not specified in the record, you can report E849.9 for the unspecified place. However, OSHPD will be monitoring high numbers of reported E849.9 for unspecified place and learn what problems you are facing. Keep in mind that the use of E849 codes are important for researchers to understand where injuries are occurring and help identify strategies to prevent such injuries, including recommending preventive measures to policymakers.

Expected Source of Payment: In the first quarter of 2005, the top four (4) payer categories indicate a different distribution for each of the three outpatient settings. Concerns have been expressed as to whether Medicare Part A pays for outpatient services. Also, the high number of "other" payer does not convey how these patients are being covered.



You're Opinion Counts: "Dear MIRCal"

Thank you for taking the time to complete our MIRCal on-line survey. We found out that many of you like the overall look and feel of the MIRCal application and that making corrections on MIRCal was easy. We also found out that many of you recommended some improvements to the User Account Administrator (UAA) process. Most importantly, many of you sent us some good comments and questions. Here are a couple of your questions and our answers:

Dear MIRCal: *"It would be very helpful to be able to enter patient information all during the time period for which we are submitting data. It is somewhat stressful to have to enter three months of data in just two weeks, when we could have been entering that data at a leisurely pace on a daily or weekly basis."*

MIRCal Response: *"That's a great idea and we have set the OSHPD team in motion to make this system improvement. In the next edition of Quick Notes we will tell you all about this important new feature which will permit you to enter data during the entire reporting period."*

Dear MIRCal: *"Some of your links under the 'resources' section are dead links. The resources section I'm referring to is at the bottom left of the screen on the start page, after I enter my username and password to logon to MIRCal."*

MIRCal Response: *"Sorry about those 'dead links'. We try and make sure that these are cleaned up every month as we make updates to our web site and systems. Continue to use the 'Resources' page at <http://www.oshpd.ca.gov/MIRCal/resources.htm>."*

If you have any questions or comments, you can send them to "Dear MIRCal" at mircal@oshpd.ca.gov.



CASA Convention Recap

The Patient Data Section of OSHPD participated in the California Ambulatory Surgery Association (CASA) Annual Convention during the first week of September in Sacramento, California.

CASA's objectives are to provide CASA members and others with presentations that include information they can use in daily operations and in planning for future programs and services. The theme was "Your Pathway to Success".

Our presentation, "Success Along the MIRCal Path" covered the California laws and regulations, described resources available, analyzed why reports are rejected and provided a preliminary view of the first live ASC data submitted to MIRCal. If you were unable to attend the presentation, you may obtain a copy from the MIRCal web site on the "What's New" page.

During the convention, the Patient Data Section invited the participants from the CASA convention to attend an Open House. The Open House was a success. This was a great opportunity for Ambulatory Surgery Center staff to meet the analysts who work with them on the MIRCal system. Three representatives from the Automated Licensing Information for Reporting Tracking System (ALIRTS) were also available to answer questions.

We appreciate the complimentary letter that was sent to Kim Belshe, Secretary, Health and Human Services Agency from Arthur Casey, President and Beth LaBouyer, Executive Director of CASA.

Emergency Department and Ambulatory Surgery Profile Reports Are Now Available

The Emergency Department and Ambulatory Surgery Profile Reports are collected through MIRCal and may be accessed by data type, facility ID# or facility name and report period begin and end dates. Each report consists of a two-page summary which represents the number and percentage of each data element for a given facility.

To obtain a profile, go to the MIRCal web site: www.oshpd.ca.gov/MIRCal. In the right hand column, click on ED & AS Profile Report, choose the Type, choose the Facility, and then choose a report period. Then click on List Reports-and then View Your Results.

You may also obtain a Hospital Inpatient Profile (HIP) from this same web site.

Reminder: Updated and New Reporting Manuals Available Online

The *California Inpatient Discharge Data Reporting Manual, 4th Edition* and the *California Emergency Department and Ambulatory Surgery Data Reporting Manual, 1st Edition* are now posted on our web site. These manuals have a wealth of information such as recently adopted regulations, clarifications and examples. Also the *ICD-9-CM Coding Edit Manual, Seventh Edition* has been updated with code changes and edit revisions. The manuals should be used as primary resources for reporting to OSHPD. Please see the MIRCal Resources web page to view and print the manuals.

www.oshpd.ca.gov/MIRCal/resources.htm

HIV Errata

In Quick Notes, Issue #10, there was an expanded article on *Warning Flags for HIV Codes*. A correction has been made to its footer. The footer referenced the former Sections in Health and Safety Code, which has been recodified to another Section in Health and Safety Code. Please see the corrected footer below. The article has been revised to show this corrected footer.

*The law (formerly AB 488 of the 1985-1986 Regular Session) was enacted on April 4, 1985 on protecting the HIV test results. The reference regarding the HIV test results is in the California Health and Safety Code, Division 1, Part 1, Chapter 1.1 Mandated Blood Testing and Confidentiality to Protect Public Health, commencing with Sections 199.20-199.23. **This has been recodified to Division 105 Communicable Disease Prevention and Control, Part 4 Human Immunodeficiency Virus (HIV), Chapter 7 Mandated Blood Testing and Confidentiality to Protect Public Health, Section 120980.** It has been amended to change the words "AIDS" to "HIV" and recodified to Sections 121075-121125.

**** IMPORTANT DATES ****

IP Due Dates*:

July 1, 2005 - Dec 31, 2005 Due March 31, 2006

ED & AS Due Dates*:

July 1, 2005 - Sept 30, 2005 Due November 14, 2005
Oct 1, 2005 - Dec 31, 2005 Due February 14, 2006

IP, ED & AS Extension Days:

A maximum of 14 extension days will be allowed for each 2005 report.

* *Report Periods & Due Dates Calendar for IP, ED & AS can be found on the MIRCal web site:*

www.oshpd.ca.gov/mircal/resources.htm

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